



## AUTHORIZATION FOR CONTACT

Due to laws regulating confidentiality, we need your authorization to contact you for appointments and administrative matters as well as returning your calls to us.

I authorize my Counselor or any of his/her administrative staff to contact me by the following means (Please check all that you authorize)

- Telephone and leave message on voice mail or recorder.
- Cell phone and leave message on voice mail.
- Email.
- Leave message with person answering home phone.
- Leave message with person answering office phone.

Additionally I authorize the use of telephone, voice mail, cell phone and email to be used by my Counselor and staff members in coordinating and administering treatment.  
(Example: you call to cancel an appointment and the receptionist emails that information to your counselor). \_\_\_\_\_ (initials).

Please list any special circumstances or exceptions:

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CLIENT NAME: (please print): \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_